


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 538-156	2. PERIOD COVERED MO DAY YEAR From 01 01 2001 Through 12 31 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name STEPHEN Last Name PAPAGEORGE P.O. Box • Building and Room Number (if any) 2-A Number and Street 111-02 JAMAICA AVE. City RICHMOND HILLS State ZIP Code + 4 NY 11418-		
STEPHEN PAPAGEORGE (2) 538-156 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 130 LU 37 2-A 111-02 JAMAICA AVE RICHMOND HILLS, NY 11418 12/2001 [Barcode]			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
11	H.E.R.E. Int'l Union Health: Welfare Fund
	H.E.R.E. Int'l Union Pension Fund
14	The books and records have been reviewed by outside accountant and will be reviewed by a parent body auditor.
16	Stephen Papageorge (S/T) is also a salaried employee of the H.E.R.E. Int'l Union
Sch 9+10	Include auto expenses which may have been used partially personally.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>James A. Santos</u> <u>3 12 2002</u> (718) 850 - 7760 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>[Signature]</u> <u>3 12 2002</u> (718) 850 - 7760 Date Telephone Number	TREASURER (If other title, see instructions.)
--------------------------------------------------------------------------------------------------	-----------------------------------------------------	----------------------------------------------------------------------------------------------	-----------------------------------------------------

During the Reporting Period Did Your Organization:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | X | |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | X | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | X | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1519
19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2002
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500 000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 26 to \$31 per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 52.00 to \$ 62.00
(c) Transfer Fees	\$ 0.25
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No X
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? X
24. Did your organization have any contingent liabilities at the end of the reporting period? X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 538-156

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		322366	273730
	26. Accounts Receivable.....		67000	50000
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	5468	4475
	31. Other Assets	3	1250	1250
	32. TOTAL ASSETS		396084	329455

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....		62500	57500
	34. Loans Payable.....	8		
	35. Mortgages Payable			
	36. Other Liabilities	4	419	377
	37. TOTAL LIABILITIES		62919	57877
	38. NET ASSETS (Item 32 less Item 37)		333165	271578

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 538-156

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		722343	56. To Officers	9	115073
40. Per Capita Tax			57. To Employees	10	99173
41. Fees		26736	58. Per Capita Tax		311267
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	80071
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		53466
46. Interest		10284	63. Benefits	11	36703
47. Dividends			64. Contributions, Gifts & Grants	12	6800
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		21843
50. Loans Obtained	8		67. Withholding Taxes		77099
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	8209	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements	15	14714
55. TOTAL RECEIPTS		767572	74. TOTAL DISBURSEMENTS		816209

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 538-156

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 538-156

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in Item 29, Column (B)	

Description (A)	Book Value (B)
1. SECURITY DEPOSIT	1250
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAX PAYABLE	377
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 538-156


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	26589	22114	4475	4475
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	26589	22114	4475	4475
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 538-156

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in  Item 34 Column (C)  Item 50  Item 70  Item 75 with Explanation  Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 538-156

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: PAPA GEORGE First Name: STEPHEN Title: S/T Status: C		68 900	0	11 672	0	80 572
Last Name: SANTOS First Name: JAMES Title: PRESIDENT Status: C		16 796	0	3 209	0	20 005
Last Name: VALLEY First Name: MICHAEL Title: VP Status: C		49 736	0	2 069	0	51 805
Last Name: GOMEZ First Name: HERIBER Title: EX. BOARD Status: C		0	550	0	0	550
Last Name: ECHEVARRIA First Name: LUIS Title: EX. BOARD Status: C		0	550	0	0	550
Last Name: HIGGINS First Name: MICHAEL Title: EX. BOARD Status: C		0	2 900	20	0	2 920
Last Name: VARGAS First Name: CARMEN Title: EX. BOARD Status: C		0	400	0	0	400
8. Totals from additional pages (if any)		0	1 200	0	0	1 200
9. Totals of Lines 1 through 8		135 432	5 600	16 970	0	158 002
				10. Less Deductions 42 929		
Enter the Total from Line 11 in Item 56 ⇒				11. Net Disbursements 11 5073		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 538-156

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. <small>Last Name</small> LUCIANO <small>First Name</small> EDWIN <small>Position</small> BA <small>Name of Affiliated Organization</small>	44706	0	1322	0	46028
2. <small>Last Name</small> FIORILLO <small>First Name</small> SILVANA <small>Position</small> ADM. ASST. <small>Name of Affiliated Organization</small>	48169	0	0	0	48169
3. <small>Last Name</small> MANZO <small>First Name</small> NORMA <small>Position</small> CLERK <small>Name of Affiliated Organization</small>	29378	0	0	0	29378
4. <small>Last Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
5. <small>Last Name</small> <small>Position</small> <small>Name of Affiliated Organization</small>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	9768	0	0	0	9768
8. Totals of Lines 1 through 7	132021	0	1322	0	133343
9. Less Deductions			34170		
Enter the Total from Line 10 in Item 57 ⇨			10. Net Disbursements 99173		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 538-156

Description (A)	To Whom Paid (B)	Amount (C)
1. STAFF PENSION	FUND	17695
2. STAFF HEALTH & WELFARE	FUND	19008
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		36703
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. DONATION - CHARITY	6800
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6800
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	22500
2. TELEPHONE	10214
3. PTG., POSTAGE & OFFICE	17569
4. INSURANCE & BONDING	4697
5. ORG., NEG., + MEETING-DIRECT	10854
6.	
7. Total from additional pages (if any)	14237
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. OUTDATED CHECKS VOIDED	28
2. EXCHANGE RECEIPTS	4795
3. REIMB. - TRAVEL/HOTEL	164
4. BURIAL BENEFIT	250
5. REFUND - OFFICE	130
6. DUES DEDUCTION	2232
7. MISC. INCOME	610
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	8209
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. CONVENTION - PER DIEM	3300
2. REFUND O.L. - D.M.G.	3384
3. EXCHANGE	4021
4. DUE DEDUCTION PAID	2046
5. LOSS OF TIME	1608
6. BURIAL BENEFIT	250
7. MISC. EXPENSES	105
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	14714
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
HOTEL, EMPL, RESTAURANT EMPL. A FL-CIO LOCAL-37

ENDING DATE OF PERIOD COVERED:
December 31, 2001

FILE NUMBER: 538-156

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: LELLA First Name: LINDA Title: TRUSTEE Status: C		0	600	0	0	600
Last Name: SCHEDLBAUER First Name: JOHN Title: TRUSTEE Status: C		0	600	0	0	600
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Last Name: First Name: Title: Status:						
Totals		0	1200	0	0	1200

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals						

SCHEDULE 11 — BENEFITS

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		
Enter the Total from Line 6 Item 63		


**SCHEDULE 12 —
CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in Item 64	


**SCHEDULE 13 —
OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. HOTEL & CARRIERS-DIRECT CHG	12177
2. CLEANING, MAINT. & REPAIRS	1750
3. CHRISTMAS EXPENSES	310
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	14237
Enter the Total from Line 8 in to original Schedule 13 line 7 Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	
Enter the Total from Line 17 in  Item 73	